

PRO SE OFFICE  
**UNITED STATES DISTRICT COURT**  
**SOUTHERN DISTRICT OF NEW YORK**  
DANIEL PATRICK MOYNIHAN UNITED STATES COURTHOUSE  
500 PEARL STREET, ROOM 230  
NEW YORK, NEW YORK 10007

**Ruby J. Krajick**  
CLERK OF COURT

\_\_\_\_\_  
Date

**Re:** \_\_\_\_\_ **No.** \_\_\_\_\_ **Civ.** \_\_\_\_\_ ( )

Dear Litigant:

Enclosed is a copy of the judgment entered in your case.

Should you disagree with the decision of the district court, you may request that a higher federal court review your case by filing an appeal. You may appeal your case from the Southern District of New York to the United States Court of Appeals for the Second Circuit by filing a "Notice of Appeal" with the *Pro Se* Office. Pursuant to Rule 4(a)(1) of the Federal Rules of Appellate Procedure your notice of appeal must be filed within thirty (30) days of the date that the judgment is entered onto the Court's docket, or sixty (60) days if the United States or an officer or agency of the United States is a party.

If you wish to appeal the judgment but you are unable to file your notice of appeal within the required time, you may make a motion for extension of time in accordance with the provisions of Rule 4(a)(5) of the Federal Rules of Appellate Procedure. That rule requires that you show "excusable neglect" or "good cause" for your failure to file your notice of appeal within the time allowed. Any such motion must first be served upon the other parties and then filed with the *Pro Se* Office no later than sixty (60) days from the date of entry of the judgment, or ninety (90) days if the United States or an officer or agency of the United States is a party.

Please note that the notice of appeal is a one-page document containing your name, a description of the final order or judgment (or part thereof) being appealed, and the name of the court to which the appeal is taken (the Second Circuit). The notice of appeal does not include your reasons or grounds for the appeal. Once your appeal is processed by the district court, your notice of appeal will be sent to the Court of Appeals and a Court of Appeals docket number will be assigned to your case. Once you receive a docket number from the Court of Appeals, all further questions regarding your appeal must be directed to that court.

The filing fee for a notice of appeal is \$455 payable in cash, by credit card, or by bank check, certified check, or money order, made payable to "Clerk of Court, S.D.N.Y." No personal checks are accepted. If you are unable to pay the \$455 filing fee, you may request that the Judge grant you *in forma pauperis* status and waive the appeal fee. You make this request by submitting an application to proceed *in forma pauperis* on appeal with your notice of appeal to the *Pro Se* Office. If the Judge has certified that an appeal would not be taken in good faith pursuant to 28 U.S.C. § 1915(a)(3), you must submit an application to proceed *in forma pauperis* on appeal even if you have been previously granted *in forma pauperis* status by the district court.

**Ruby J. Krajick**  
Clerk of Court

By \_\_\_\_\_  
Deputy Clerk

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**Ruby J. Krajick**  
CLERK OF COURT

**HOW TO APPEAL YOUR CASE TO THE  
UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT**

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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

*(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)*

       Civ.        (        ) (        )

- against -

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*(In the space above enter the full name(s) of the defendant(s)/respondent(s).)*

**NOTICE OF APPEAL  
IN A CIVIL CASE**

Notice is hereby given that \_\_\_\_\_  
(party)

hereby appeals to the United States Court of Appeals for the Second Circuit from the Judgment

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entered in this action on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(date) (month) (year)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State & Zip Code*

DATED: \_\_\_\_\_, 20 \_\_\_\_\_. (        ) - \_\_\_\_\_  
\_\_\_\_\_  
*Telephone Number*

**NOTE:** To take an appeal, this form must be received by the *Pro Se* Office of the Southern District of New York within thirty (30) days of the date on which the judgment was entered, or sixty (60) days if the United States or an officer or agency of the United States is a party.

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

*(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)*

Civ.       (      ) (      )

-against-

**REQUEST TO PROCEED  
*IN FORMA PAUPERIS*  
ON APPEAL**

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

I, \_\_\_\_\_, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* on appeal and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

The issues I desire to present on appeal are the following: \_\_\_\_\_

1. If you are presently employed:
  - a) give the name and address of your employer
  - b) state the amount of your earnings per month

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2. If you are NOT PRESENTLY EMPLOYED:
  - a) state the date of start and termination of your last employment
  - b) state your earnings per month

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

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a) Are you receiving any public benefits?  No.  Yes, \$ \_\_\_\_\_.

b) Do you receive any income from any other source?  No.  Yes, \$ \_\_\_\_\_.

4. Do you have any money, including any money in a checking or savings account? If so, how much?

No.  Yes, \$ \_\_\_\_\_.

5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

No.  Yes, \$ \_\_\_\_\_.

6. Do you pay for rent or for a mortgage? If so, how much each month?

No.  Yes, \_\_\_\_\_.

7. List the person(s) that you pay money to support and the amount you pay each month.

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8. State any special financial circumstances which the Court should consider.

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I understand that a false statement or answer to any question in this declaration shall subject me to the penalties for perjury.

**I declare under penalty of perjury that the foregoing is true and correct.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
*date*                    *month*                    *year*

\_\_\_\_\_  
*Signature*

**Let the applicant proceed on appeal without prepayment of cost or fees or the necessity of giving security therefor.**

\_\_\_\_\_  
United States District Judge

DATED: \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_, New York

*Rev. 07/2007*

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

*(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)*

       Civ.        (      ) (      )

- against -

        
        
      

*(In the space above enter the full name(s) of the defendant(s)/respondent(s).)*

**MOTION FOR AN EXTENSION  
OF TIME TO FILE A NOTICE  
OF APPEAL**

Pursuant to Rule 4(a) (5) of the Federal Rules of Appellate Procedure, \_\_\_\_\_  
(party)

respectfully requests leave to file the within notice of appeal out of time. \_\_\_\_\_  
(party)

desires to appeal the judgment in this action entered on \_\_\_\_\_, but failed to  
(date)

file a notice of appeal within the required number of days because: *(Explain here the "excusable neglect" or "good cause" which led to your failure to file a notice of appeal within the required number of days.)*

        
        
      

DATED: \_\_\_\_\_, 20\_\_\_\_

*Signature*

*Address*

*City, State & Zip Code*

(      ) -  
*Telephone Number*

**NOTE:** You may use this form, together with a copy of the Notice of Appeal, if you are seeking to appeal a judgment and did not file a copy of the Notice of Appeal within the required time. If you follow this procedure, these forms must be received in the *Pro Se* Office no later than sixty (60) days from the date on which the judgment was entered, or ninety (90) days if the United States or an officer or agency of the United States is a party.